

EXHIBIT A

Le Bonheur's Pre-Op Surgical History &
Physical (pg. 0007) and Pre-Operative History
(pg. 0455)

Patient Name: LOVELACE, BRETT S
Facility: LE BONHEUR

MRN: 45854994
FIN: 68859557



AS 68859557 45854994-2
Le Bonheur FIN
LOVELACE, BRETT S
08/21/1999 12Y M/W
CLEMONS, MARK
03/12/12

SURGICAL/SPECIAL PROCEDURE HISTORY & PHYSICAL

HISTORY FINDINGS

Present illness include indications & symptoms: long tooth buds

Current Medications: Amoxicillin

Allergies/Reactions: Penicillin

Relevant Past Medical History: None

Review Of System: Long tooth buds

Bleeding Tendency: None

Family Anesthesia History: Drug Sensitivities: None

Immunizations: None

PHYSICAL FINDINGS

General Appearance / Mental Status: Within Normal Limits

Head / Neck (Loose Teeth): Yes

Visual Acuity (When Indicated): Yes

Heart: Yes

Lungs: Yes

Abdomen (Pelvic / Rectal If Appropriate): Yes

Extremities / Neurologic: Yes

Genitalia: Yes

Other: Yes

Planned Procedure: Y1A

Signature: MD/DO# 01533 Date 8/12/12 Time 08:33

H & P UPDATE

H&P Reviewed / With Changes As Documented: None

Signature: MD/DO# 01533 Date 8/12/12 Time 08:33

PHYSICIAN'S ORDERS ☒ Outpatient ☐ 23 Hr. ☐ A.M. Admit ☐ Reg. Admit

Date Of Admit: 8/12/12 Date Of Surgery: 8/12/12

Admitting Diagnosis: Long tooth buds

Consent To Say: None

Labr: None

Labr: None

Medr: None

Medr: None

Other: None

Attending Physician Is: None

Signature: MD/DO# 01533 Date 8/12/12 Time 08:33

POST OPERATIVE PROGRESS NOTES:

Surgeon: None

Assistants: None

Pre-Op Diagnosis: Long tooth buds

Post-Operative Diagnosis: None

Procedure: Y1A

Findings: Long tooth buds

Specimens: Y1A

Transfusions: None

Drains / Tubes: None

Estimated Blood Loss: None

Fluid Replacements: None

Disposition / Complications: None

Convert To Inpatient (MUST WRITE ADMIT ORDER)

Convert To 23-Hr. Obs. (MUST WRITE 23-Hr. ADMIT ORDER)

Signature: MD/DO# 01533 Date 8/12/12 Time 08:33

POST OP: Discharge Orders

☐ Outpatient ☐ 23 Hr. ☐ A.M. Admit ☐ Reg. Admit

Today's Date: 8/12/12 Time: 08:33

Discharge Instructions:

Activities: ☐ Routine ☐ Other: None

Diet: ☐ Routine ☐ Other: None

I.V. / Medications: None

Special Instructions: None

Follow-Up Appointment: None

Disposition: ☐ Home ☐ Other, See MD Order Sheet

DISCHARGE NOTE: None

Physician Signature: None

Initials: None Date: 8/12/12

Pager: None MD #: 01533

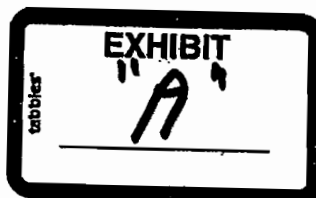
Nurse Practitioner: None

Signature: MD/DO# 01533 Date 8/12/12 Time 08:33

Note: Only One Signature Required If The Same Physician

Completes The H&P & Order Sections

P0001781.0007 REV



Patient Name: LOVELACE, BRETT S
Facility: LE BONHEUR

MRN: 45854994
FIN: 68859557

Le Bonheur
Children's Hospital

ANESTHESIA EVALUATION

3, 12, 12
Date of Surgery

68859557 45854994-2
Le Bonheur FIN
LOVELACE, BRETT S
08/21/1999 12Y M/W
CLEMONS, MARK

PRE-OPERATIVE HISTORY

Pre-Op Diagnosis		Proposed Operation	
Adenotonsillar hypertrophy		Tonsillectomy, adenoidectomy	
Age 12.5	Sex M	Race	Lab
Allergies Seroquel		Medications	
Systems Review (Describe all positives at right)			
CNS: Seizures ADHD Day Delay		learning disability very emotional	
Cardiac: MURMUR HTN Arrhythmia		to use pm before + am of surgery	
Pulmonary: Wheezing Asthma URI		last wheezed Nov 2011; @snore @gasp	
Endocrine: Diabetes Thyroid			
GI: Reflux Hepatitis			
Hematologic: SCD Anemia Bleeding			
Neuromuscular: MH Muscle Disease		no fall hx	
Prematurity BW Gest Age		hx @ wrist fracture, @ arm x'z, @ leg cast only	
Renal		@ complications	
Other			

Prev. Anes. Experience @ previous surgery

Maternal grandmother: Lips + mouth blister + CA

Signature: Elizabeth S. Hinson MD 3/8/12 1342
Date: 3/8/12 Time: 1342
NPO Since: per mom, Helen Lovace

PRE-OPERATIVE ASSESSMENT/EXAM

Date: 3/12/12	Time: 8:55	ASA Physical Status 1 2 3 4 5 E
Cardiac: Regular rhythm - NO murmur	Pulmonary: clinically clear	Immediate Pre-Op Reassessment
Airway: OK	Dentition: OK	Date: 3/12/12 Time: 8:55
Pre-Med: N/A	Proposed Anesthesia: Inhalation	NPO Since: 23:30 3/11/12
Anesthesia Risks, Benefits Alternatives Discussed With: Anesthesiologist, Parent	Signature: [Signature]	Chart Reviewed: [Signature]
	Staff	Resident
	CRNA	

POST-OPERATIVE FOLLOW-UP

Date: _____	Time: _____
Signature: _____	Staff Resident CRNA

SAP#240490510 REV

Le Bonheur Children's Hospital, Memphis, TN
White - Chart Copy Yellow - Dept. Copy

